

**U.S. DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS  
ATTORNEY APPEARANCE FORM****JANUARY 2, 2008**  
MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT

NOTE: In order to appear before this Court an attorney must either be a member in good standing of this Court's general bar or be granted leave to appear *pro hac vice* as provided for by Local Rules 83.12 through 83.14.

**PH****08 C 6**

In the Matter of

Case Number:

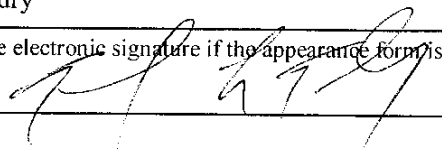
GERALD E. LAMPKIN

v.

LOYOLA UNIVERSITY MEDICAL CENTER  
HEALTH SYSTEM**JUDGE MANNING  
MAGISTRATE JUDGE ASHMAN**

AN APPEARANCE IS HEREBY FILED BY THE UNDERSIGNED AS ATTORNEY FOR:

GERALD E. LAMPKIN

NAME (Type or print) Armand L. Andry	
SIGNATURE (Use electronic signature if the appearance form is filed electronically) s/ 	
FIRM Armand L. Andry & Associates	
STREET ADDRESS One South Dearborn, Suite 2100	
CITY/STATE/ZIP Chicago, Illinois 60603	
ID NUMBER (SEE ITEM 3 IN INSTRUCTIONS) 0056219	TELEPHONE NUMBER 773/626-3058
ARE YOU ACTING AS LEAD COUNSEL IN THIS CASE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
ARE YOU ACTING AS LOCAL COUNSEL IN THIS CASE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
ARE YOU A MEMBER OF THIS COURT'S TRIAL BAR? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
IF THIS CASE REACHES TRIAL, WILL YOU ACT AS THE TRIAL ATTORNEY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
IF THIS IS A CRIMINAL CASE, CHECK THE BOX BELOW THAT DESCRIBES YOUR STATUS. RETAINED COUNSEL <input type="checkbox"/> APPOINTED COUNSEL <input type="checkbox"/>	